

Pargyline and the Cheese Reaction

SIR,—Pargyline hydrochloride ("eutonil," Abbott) is an important new antihypertensive drug, recently introduced to clinical practice. One of its advantages is that unlike many other antihypertensives it does not cause mental depression, and indeed in many patients there is a significant and desirable mood elevation produced by the drug.

Its mode of action in lowering blood-pressure is not understood, but its euphoriant effect is probably due to its being a monoamine oxidase inhibitor, and in the more recent literature issued by the manufacturers they advise that cheese, especially if aged or non-processed, is contraindicated with the drug.

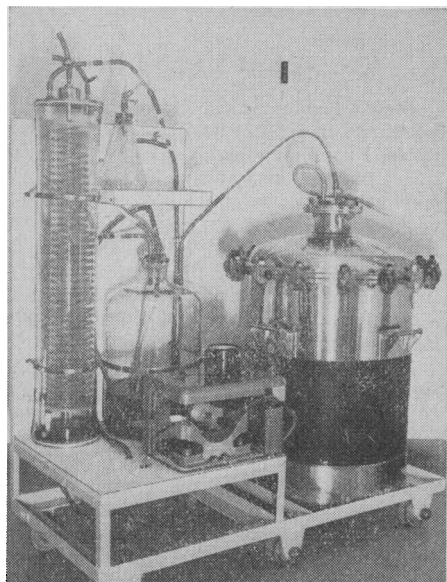
I have lately seen a patient with moderate essential hypertension who because of various side-effects with other drugs was changed to pargyline, 25 mg. every morning; this gave satisfactory control and within a fortnight the patient volunteered that he felt much less depressed, but was having nightmares. Inquiry produced the fact that he habitually ate one or two ounces (30–60 g.) of Cheddar cheese with his supper every evening. The nightmares were of a horrifying nature, and curiously they were concerned not with his immediate family or friends but with people such as his workmates, with whom he was not in any particular emotional relationship. He dreamt of one, terribly mutilated, hanging from a meat-hook. Another he dreamt of falling into a bottomless abyss. When cheese was withdrawn from his diet the nightmares ceased.—I am, etc.,

Bulawayo,
S. Rhodesia.

J. CHARLES SHEE.

Contamination of Dialysis Fluid

SIR,—We have read with interest the paper entitled "Bacterial Contamination of Dialysing Fluid of Artificial Kidney" by Elizabeth E. Kidd (4 April, p. 880). For some years in our laboratories we have used a system of dialysis or ultrafiltration in a completely enclosed sterile pack (see illustration), which seems capable of conversion to an artificial kidney. The illustration shows the dialysis pack standing vertical at the back on



the left. It is connected to a stainless steel tank containing fluid to be dialysed. It consists of cellophane dialysis tubing wound round a special template to form a helix or several helices, held inside a three-foot (0.9-m.) long glass tube. The whole apparatus is easily sterilized by autoclaving after assembly. Sterile connexions then have to be made to the tubing through which the blood or other fluid to be dialysed is pumped and to the outer container into which the dialysing fluid is passed. The dialysing fluid can be circulated to increase efficiency.

If the problem of bacterial contamination is in fact a serious hazard in the use of artificial kidneys it seems that this machine might well be of considerable help in solving it. The machine has a number of other advantages—for example, it is portable, so that presterilized units could be ready for emergency use, and there is a large surface area up to 1,000–1,200 sq. inches (6,452–7,742 sq. cm.) available for dialysis, depending upon the number of helices employed.—We are, etc.,

Glaxo Laboratories Ltd.,
Stoke Poges, Bucks.

A. J. BEALE.
L. W. J. BISHOP.

Filarial Nodule in Epididymis

SIR,—The influx of large numbers of Pakistanis and Indians to cities such as this has produced some unusual and unexpected diagnoses. I thought the following case worth reporting, as a search of the literature has



Granuloma from epididymis showing centrally situated parasite. (Stained H. and E.)

failed to bring to light a similar case in this country.

The patient was a male Pakistani, aged 23 years, resident in this country for 18 months. His story was of back pain eight weeks previously, followed by pain in the right inguinal region. This was followed by swelling and pain in the right testis, and enlargement of the veins and cord, which became swollen and prominent. This swelling had subsided but the testis was still painful. On examination the testis was not actually swollen or tender, but there was a hard irregular plaque at the lower pole. Sensation was normal, and the cord appeared normal.

He was referred for surgical opinion to Glasgow Royal Infirmary, where it was felt that the story suggested a torsion of the testicle, although there was no sign of atrophy and the "hard area" was difficult to explain. It was decided to admit him for biopsy. A small nodule, about 1 cm. in diameter, was found to be adherent to the lower pole of the epididymis, and this was excised and sectioned. Preliminary reports suggested a non-specific granuloma. Further examination revealed that that lesion was a granuloma surrounding a parasite, almost certainly a tropical worm, probably of the filaria variety.

The sections were sent for review to Professor W. E. Kershaw, of the Liverpool School of Tropical Medicine, who confirmed that the parasite was a female viviparous nematode, almost certainly a *Wuchereria bancrofti* (see Fig.).

The patient was readmitted to hospital and blood films were taken at midnight and scanned for microfilariae, but none was found.

I wish to thank Mr. M. K. Browne, consultant surgeon, Glasgow Royal Infirmary, for his helpful co-operation and encouragement.

—I am, etc.,
Glasgow S.3.

PHILLIP SELTZER.

Dangers of Cold Immersion

SIR,—Surely to suggest in your leading article ("Dangers of Cold Immersion," 9 May, p. 1202) that Lapchinsky initiated the study of hypothermia in 1880 is to ignore the observations and work of Hunter, Kite, Boerhaave, Edwards, and others in the eighteenth and early nineteenth centuries. The general opinion at the time seems to have been against applying excessive heat to cases that had been severely chilled by prolonged immersion or other causes.

In 1781 an anonymous but apparently eminent Exeter physician stated that if initial surface friction with snow and ice had been carried out in the case of Adam Thompson, of Piccadilly, who was frozen on his way from Banbury to Chipping Norton in 1762, his life might have been preserved, "whereas putting him in a warm bed was certain destruction."—I am, etc.,

Newcastle General Hospital,
Newcastle upon Tyne 4. J. D. WHITBY.

Healthier Life

SIR,—Your leading article on health education (16 May, p. 1267) touches on an interesting paradox. You condemn advertising which results in over-indulgence; yet at the same time you advocate more publicity "to influence the general public," and you recall the difficulty in persuading mothers to accept diphtheria immunization for their infants. With health, as elsewhere, it is clear that advertising and publicity can be powers for both good and evil.

It would be unfortunate if the exceptional cases where advertising can do harm were allowed to obscure the central fact that extensive publicity is essential if innovations in preventive medicine—or even accepted principles—are to be put into practice. The simple fact is that it is necessary to "sell" better health, and to sell it hard.—I am, etc.,

G. TEELING-SMITH,
Office of Health Economics, Director.
London S.W.3.

Suggestion and Allergic Responses

SIR,—The work of Dr. L. Fry and his colleagues (2 May, p. 1145) on the effect of suggestion on the allergic response carries implications in several fields of medicine. It will be some time before its full significance can be assessed. Meanwhile, certain physiological inferences might be considered.

Responses to verbal suggestion presuppose a knowledge of the language, which in turn entails a process of conditioning. The nervous